



Butler County Sheriff's Office

Criminal Investigations Division

Detective Daniel Turner #1805

Offense Number: 2019-05-0470

Date: 05-21-2019

Complainant: David Lierer

Address of Incident: Reily Township

Offense: Unauthorized Use of property

Investigation report prepared by Detective Turner #1805

On May 21st 2019, Detective Sergeant Whitlock and I began an investigation on [REDACTED], following a complaint from David Lierer, a former Reily Township employee, in reference to misuse of Township property. Mr. Lierer alleged that [REDACTED], a current Reily Township Trustee and [REDACTED], was using Township fuel in his personal vehicle. Mr. Lierer provided the Sheriff's Office with a photo of what appears to be [REDACTED] and his personal truck, parked by the Reily Township Fuel pumps, pumping gas.

Upon speaking to Mr. Lierer, he advised us that the Township fuel pumps are easily accessed by turning on a light switch located in a barn by the pump. He further stated that he has personally witnessed [REDACTED] pump gas into his personal vehicle over the past three years. On November 13th 2018, Mr. Lierer

drove by the pumps and witnessed [REDACTED] pumping gas into his personal truck. Mr. Lierer took a photo of the act. Mr. Lierer advised us that sometime during 2008 or 2009, during an extended power outage due to a hurricane, allowed him to pump approximately five gallons of fuel into his personal vehicle. Mr. Lierer took his complaint to another Reily Township Trustee, Tim Miller, in January of 2019. Mr. Miller advised him that some kind of proof would need to be obtained before anything could be done.

Sergeant Whitlock and I made contact with [REDACTED] at the Reily Township Fire House. We advised him of the complaint that had been brought against him. Without hesitation, he admitted that over the past 38 years, he has used Township fuel in his personal vehicles. He stated that any time he uses his personal vehicle for Township purposes, he reimburses himself by adding no more than five gallons of fuel into his vehicle. [REDACTED] stated that it is a common practice and that he has done it for 38 years and did it as little as two weeks ago in order to haul an extractor. He advised us that he estimates that he has put fuel in his personal vehicle 10 times per year over the last 38 years. He stated that about two and a half years ago, the Township purchased a Fire Command vehicle for him and that his personal vehicle usage has gone down dramatically. [REDACTED] I did provide us with a written statement explaining his usage of the Township fuel.

We next spoke to Tim Miller, a Reily Township Trustee. He advised us that [REDACTED] does haul a lot of things for the Township in his personal truck and that he does not see a problem with him being reimbursed with Township fuel. He advised us that Mr. Lierer did tell him about the issue but there was no proof. Mr. Miller noticed that the Township fuel usage was increasing and that he pushed for better regulation of the Township fuel, resulting in a new pump and a new fuel tracking policy. Mr. Miller advised us that he has never used Township fuel in his personal vehicle.

Finally, we spoke to Nicholas Schwab, a Reily Township Trustee and fire fighter. He advised us that he has never personally used Township fuel in his personal vehicle and is not aware of anyone else doing it, to include [REDACTED].

None of the Trustees were able to provide us with a policy on how the Township is to handle fuel reimbursements. They advised us that they saw no problem in the way that [redacted] was being compensated for the use of his personal vehicle during Township usage.

Detective Daniel Turner

Butler County Sheriff's Office

Criminal Investigations Division

AGENCY NAME BUTLER CO. SHERIFF'S OFFICE				*INCIDENT NUMBER 2019-05-0470															
CALL NUMBER 19-096042		*GEOCODE 05		*CLEARANCES															
TOD 08:01:17		<input type="checkbox"/> INCIDENT (NON-CRIMINAL) <input checked="" type="checkbox"/> OFFENSE		A <input type="checkbox"/> Death of Suspect B <input type="checkbox"/> Prosecution Declined C <input type="checkbox"/> Extradition Denied D <input type="checkbox"/> Victim Refused to Coop. E <input type="checkbox"/> Juvenile/No Custody F <input type="checkbox"/> Arrest - Adult				G <input type="checkbox"/> Arrest - Juvenile H <input type="checkbox"/> Warrant issued I <input type="checkbox"/> Invest. Pending J <input type="checkbox"/> Closed K <input type="checkbox"/> Unfounded L <input type="checkbox"/> Unknown											
TOA 08:01:17																			
TOC 11:00:00																			
OHIO UNIFORM INCIDENT REPORT PART 1																			
*REPORT DATE/TIME MONTH DAY YEAR TIME				*INCIDENT OCCURRED FROM MONTH DAY YEAR TIME				*INCIDENT OCCURRED TO MONTH DAY YEAR TIME											
05 22 2019 08:01:00				01 01 2019 07:00:00				05 21 2019 11:00:00											
INCIDENT LOCATION (Street, Apt., City, State, Zip) 6376 REILY PEORIA Road REILY TOWNSHIP OH 54056-																			
*OFFENSE 1 Unauthorized Use Of Property - General 2. 3. 4. 5.				*OFFENSE CODE 1 291304A A M 4				*HATE/BIAS 1. 2. 3.				*LARCENY 1. 2. 3.				*TYPE CRIMINAL ACTIVITY 1. 2. 3. (Enter up to three for each offense) B-BUYING/RECEIVING C-CULTIVATING/MFG./PUB. D-DISTRIBUTING/SELLING E-EXPLOITING CHILDREN O-OPER/PROMOTING/ASSIST. P-POSSESSING/CONCEALING T-TRANSPI/TRANSMITTING U-USING/CONSUMING G-OTHER GANG ACTIVITY N-NO GANG ACTIVITY			
*LOCATION OF OFFENSE (Enter up to two) 1.07 2. 12 Jail/Prison 13 Parking Garage 14 Other Public Access Buildings				RETAIL 26 Bar 27 Buy/Sell/Trade Shop 28 Restaurant 29 Gas Station 30 Auto Sales Lot 31 Jewelry Store 32 Clothing Store 33 Drugstore 34 Liquor Store 35 Shopping Mall 36 Sporting Goods 37 Grocery/Supermarket 38 Variety/Convenience 39 Department Store 40 Other Retail Store				OUTSIDE 41 Factory/Mill/Plant 42 Other Building 43 Yard 44 Construction Site 45 Lake/Waterway 46 Field/Woods 47 Street 48 Parking Lot 49 Park/Playground 50 Cemetery 51 Public Transit Vehicle 52 Other Outside Location				*SUSPECTED OF USING A <input type="checkbox"/> ALCOHOL D <input type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIPMENT							
*METHOD OF ENTRY 1 <input type="checkbox"/> FORCE 2 <input checked="" type="checkbox"/> NO FORCE				*METHOD OF ENTRY - MOTOR VEHICLE THEFT 01 <input type="checkbox"/> Motor Running/Keys in Car 02 <input type="checkbox"/> Unlocked 03 <input type="checkbox"/> Duplicate Key Used 04 <input type="checkbox"/> Window Broken 05 <input type="checkbox"/> Towed				*METHOD OF ENTRY - BURGLARY/B&E 06 <input type="checkbox"/> Hot Wire 07 <input type="checkbox"/> Slim Jim/Coat Hanger 08 <input type="checkbox"/> Tumbler Removed 09 <input type="checkbox"/> Column Peeled 10 <input type="checkbox"/> Ignition Peeled				ENTRY EXIT ENTRY EXIT 1 <input type="checkbox"/> DOOR 1 <input type="checkbox"/> FRONT 2 <input type="checkbox"/> WINDOW 2 <input type="checkbox"/> SIDE 3 <input type="checkbox"/> BASEMENT 3 <input type="checkbox"/> GARAGE 2 <input type="checkbox"/> 1 ST FLOOR 4 <input type="checkbox"/> REAR 3 <input type="checkbox"/> 2 ND FLOOR 4 <input type="checkbox"/> ROOF 4 <input type="checkbox"/> OTHER 5 <input type="checkbox"/> OTHER							
METHODS OF OPERATION 89																			
*NO VICTIMS 11		*VICTIM TYPE 1 INDIVIDUAL 2 BUSINESS		F FINANCIAL INSTITUTION G GOVERNMENT		P POLICE OFFICER (IN THE LINE OF DUTY) R RELIGIOUS ORGANIZATION		S SOCIETY U UNKNOWN											
NAME (Last, First, Middle) Society																			
ADDRESS (Street, Apt., City, State, Zip)												PHONE							
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)												PHONE							
VICTIM AGE/ DOB		SEX F M		RACE B W A I U		ETHNICITY HGT WGT		HAIR HAIR		EYES EYES									
OCCUPATION				SSN				RESIDENT 1 <input type="checkbox"/> RESIDENT 3 <input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER STATUS 2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT 6 <input type="checkbox"/> UNKNOWN											
*VICTIM <input type="checkbox"/> Y INJURED? <input checked="" type="checkbox"/> N		IF INJURED, DESCRIBE INJURIES.																	
*AGG. ASSAULT/ HOMICIDE CIRC				*VICTIM/SUSPECT RELATIONSHIP 0. 1. 2. 3. 4. 5.				*VICTIM/OFFENSE LINK											
My signature verifies that the information on this report is accurate and true																			
DATE																			
REPORTING OFFICER TURNER DANIEL DEWAYNE																			
APPROVING OFFICER ROSSER JASON DORSEY																			
FOLLOW-UP? If yes, follow-up TURNER <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Assignment:																			
ADDITIONAL SUPPLEMENTS				<input type="checkbox"/> VICTIM/WITNESS <input type="checkbox"/> SUSPECT/ARRESTEE		<input type="checkbox"/> PROPERTY <input type="checkbox"/> NARRATIVE		<input type="checkbox"/> STATEMENTS <input type="checkbox"/> OTHER		FORM RECEIVED BY: <input type="checkbox"/> INVESTIGATION		SPECIAL COPIES <input type="checkbox"/> RECORDS							

112505

OHIO UNIFORM INCIDENT REPORT PART 2

CITI EE	NAME (Last, First, Middle) LIEKER David					AGE/ D.O.B.	SSN
	ADDRESS (Street, Apt., City, State, Zip)					PHONE 513-814-3030	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)							
STATEMENTS OBTAINED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> TAPE <input type="checkbox"/> OTHER							
CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTHORIZED USE <input type="checkbox"/> ABANDONED							
NO.	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC	LIS	LIY	LIT	VIN/CHAN	
VYR	VMA	VMO	VST	VCO TOP BOTTOM	VEHICLE LOCKED <input type="checkbox"/> N	KEYS IN VEHICLE <input type="checkbox"/> N	HOLD VEHICLE <input type="checkbox"/> N
VEHICLE ASSOC. W/ SUSPECT NO.	VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE TOWED? <input type="checkbox"/> N	TOWED BY	OWNERSHIP VERIFIED BY:		<input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> BILL OF SALE	<input type="checkbox"/> TITLE <input type="checkbox"/> OTHER
VEHICLE ASSOC. NO. STOLEN AREA STOLEN RESID. ADDITIONAL DESCRIPTION							
AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip) PHONE							
REPORTER NUMBER		NO. RECOVERED	DATE REC.	STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N WHERE RECOVERED?			
TOTAL VALUE \$0.00							
RELATED OFFENSE QUANTITY DESCRIPTION							
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL			DATE RECOVERED	
RELATED OFFENSE	QUANTITY	DESCRIPTION					
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL			DATE RECOVERED	
RELATED OFFENSE	QUANTITY	DESCRIPTION					
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL			DATE RECOVERED	
RELATED OFFENSE	QUANTITY	DESCRIPTION					
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL			DATE RECOVERED	
RELATED OFFENSE	QUANTITY	DESCRIPTION					
PROPERTY CODES: VALUABLES EQUIPMENT 28 Tools VEHICLES STRUCTURES 08 Jewelry/Precious Metals 15 Drug/Narcotic Equip. 27 Vehicle 35 Aircraft 46 Single Occupancy EXCHANGE MEDIUMS 09 Art Objects, Antiques 16 Gambling Equipment 28 School Supplies 36 Automobiles 47 Other Dwellings 01 Money 10 Other Valuables 17 Computer Hardware/Soft 29 Other Equipment 37 Bicycles 48 Commercial/Business 02 Credit/Debit Card PERSONAL EFFECTS 18 Office Equipment 30 Alcohol 38 Buses 49 Indus./Mfg. 03 Negotiable Instruments 11 Clothing/Furs 19 Stereo TV Equip. 31 Drugs/Narcotics 39 Trucks 50 Public/Community 04 Other Exchange Mediums 12 Purses/Handbags/Wallets 20 Recordings-Audio/Visual 32 Consumable Goods 40 Trailers 51 Storage DOCUMENTS 13 Other Personal Effects 21 Sports Equipment 33 Livestock 41 Watercraft 52 Other Structure 05 Non-Negotiable Instruments HOUSEHOLD ITEMS 22 Photographic Equipment 34 Household Pets 42 Recreational Vehicle 06 Personal Papers 14 Household Items 23 Farm Equipment 35 Aircraft 43 Other Motor Vehicle 07 Other Documents							
NARRATIVE							

OHIO NARRATIVE

INCIDENT NUMBER	2019-05-0470	INCIDENT DATE AND TIME	01	01	2019	07:00:00
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STATEMENT OF FACTS

On May 21st 2019 the Butler County Sheriff's Office received a complaint from David Lierer, an ex Reily Township employee. Mr. Lierer advised that a current Reily Township employee was misusing Township property.

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER B <input type="checkbox"/> PROSECUTION DECLINED C <input type="checkbox"/> EXTRADITION DENIED	D <input type="checkbox"/> VICTIM REFUSED TO COOP. E <input type="checkbox"/> JUVENILE/NC CUSTODY F <input type="checkbox"/> ARREST - ADULT	G <input type="checkbox"/> ARREST - JUVENILE H <input type="checkbox"/> WARRANT ISSUED I <input type="checkbox"/> INVEST. PENDING	J <input type="checkbox"/> CLOSED K <input type="checkbox"/> UNFOUNDED L <input type="checkbox"/> UNKNOWN	DATE CLEARED
REPORTING OFFICER	TURNER DANIEL DEWAYNE			BADGE NO. 1805	DATE
APPROVING OFFICER	ROSSER JASON DORSEY			BADGE NO. 1192	DATE